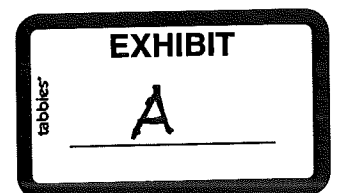


Composite Exhibit "A"

Municipal Defendants' First Set of Interrogatories and Requests for Production to
Plaintiffs Tyricqwon Burks, Allen Hall, and Virgil McQueen



**SIN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION**

**TYRICQWON BURKS, VIRGIL MCQUEEN
and ALLEN HALL**

PLAINTIFFS

VS.

CIVIL ACTION NO.: 3:18-cv-00185-CWR-LRA

**CITY OF CARTHAGE, OFFICER ADAM WADE,
Individual and Official Capacities; OFFICER CHASE QUIMBY,
Individual and Official Capacities; CHIEF KENNY MOORE,
Individual and Official Capacities**

DEFENDANTS

**MUNICIPAL DEFENDANTS' FIRST SET OF INTERROGATORIES AND
REQUESTS FOR PRODUCTION OF DOCUMENTS
PROPOUNDED TO PLAINTIFF TYRICQWON BURKS**

Municipal Defendants the City of Carthage, Mississippi and Chief Kenny Moore, in both his individual and official capacities ("Municipal Defendants"), pursuant to Federal Rules of Civil Procedure 33 and 34, propound the following Interrogatories and Requests for Production of Documents to Plaintiff Tyricqwon Burks ("Plaintiff"). These discovery requests shall be deemed continuing pursuant to Rule 26(e) of the Federal Rules of Civil Procedure requiring seasonable supplementation to reflect new information which makes previous answers incorrect or incomplete. Municipal Defendants request that these Interrogatories and Requests for Production of Documents be answered by the Plaintiff separately and in writing under oath within thirty (30) days after service.

In answering this written discovery, you must furnish all information that is known or available to you, regardless of whether such information is processed directly by you or by your agents, unless privileged by your attorneys or by their agents, employees, and investigators. If any of this written discovery cannot be answered in full, you must answer to the extent possible, specifying whatever knowledge or belief you may have concerning the unanswered portion.

INTRODUCTION AND DEFINITIONS

A. Each discovery request seeks all information available to Plaintiff Tyricqwon Burks, his attorneys or agents, and all other persons acting on their behalf.

B. As used herein, the terms "Plaintiff," "you," or "your" means, without limitation, Tyricqwon Burks, as well as his attorneys, agents, and/or representatives. To avoid confusion in responses, Plaintiff Burks should specify when an answer is made by him and/or his attorney.

C. As used herein, "document" or "record" is used in its broadest sense to mean every writing or recording of every type described in the Federal Rules of Evidence.

D. All information and documents to which Plaintiff claims any privilege or statutory authority as a ground for non-disclosure shall be identified by date, title, type of document (e.g., memorandum, report, chart, etc.) subject matter (without revealing the information as to which privilege or statutory authority is claimed) and the factual and legal basis for the privilege claim or specific statutory authority that provided the claimed ground for non-disclosure.

E. To avoid discovery disputes that may delay the progress of this litigation and/or require additional intervention, counsel for Plaintiff is requested to contact counsel for Municipal Defendants prior to responding to this discovery request so that any questions as to the meaning, scope, or propriety of a request for information or records can be clarified or resolved before responding to the discovery and so that Municipal Defendants' counsel may limit, restrict, or rephrase any interrogatory as to which Plaintiff's counsel has objection so as to obviate the objection.

INTERROGATORIES

INTERROGATORY NO. 1: Please state your full names, nicknames or aliases, current addresses, telephone numbers, Social Security numbers, and dates of birth.

INTERROGATORY NO. 2: Please identify by name, address, and telephone number each person known to you or your attorneys to have discoverable knowledge that would tend to support or refute any claim, defense, or element of damages in this action. With regard to each person identified, please specifically state any and all knowledge they are believed to have regarding this suit and provide a brief summary of the facts and circumstances of which said person is believed to have knowledge. This interrogatory is continuing in nature.

INTERROGATORY NO. 3: Identify any and all persons who are believed to have knowledge of any statements (whether oral, written, on audiotape or videotape, or in any other form) made by any employees, agents or representatives of Municipal Defendants, which supports or tends to support the allegations of the Complaint. For each such person, identify:

- (a) the person's name, address and telephone number;
- (b) the statement or statements allegedly made, whether verbally or in writing or in any other form; and
- (c) the name, address and telephone number of the person or persons having custody of any document, audiotape or videotape containing such statement(s) and describe each such document, audiotape or videotape.

INTERROGATORY NO. 4: Please identify any person with whom Plaintiff has spoken or communicated in any way with regarding the subject matter of this lawsuit, and for each person, identify:

- (a) the person's name, position, address and telephone number;
- (b) the statement or statements allegedly made by Plaintiff, whether verbally or in writing or in any other form;
- (c) the date Plaintiff made any alleged statements; and
- (d) the name, address and telephone number of the person or persons having custody of any document, audiotape or videotape containing such statement(s) and describe each such document, audiotape or videotape.

INTERROGATORY NO. 5: Identify all documents and/or tangible things known by you to exist, and the location and custodian of each document, that tend to support or contradict the allegations made in Plaintiffs' Complaint.

INTERROGATORY NO. 6: Describe in detail and with specificity any and all photographs, videotapes, audiotapes or other recordings, by whatever means produced, which you contend may be relevant to the claims in this case, including all photographs, tapes or recordings of any agent, employee, or former agent or employee of Municipal Defendants, in your possession or of which you have knowledge, including in the description of the contents of such, the present location of such, the person(s) portrayed in such, the person(s) responsible for such and the date(s) such were made.

INTERROGATORY NO. 7: Please itemize any and all damages to which you contend you are entitled by virtue of the allegations raised in your Complaint, including documentation of how you arrived at your damages claims, the specific calculations demonstrating why you are entitled to this amount, identification of all documents you contend support your claim for damages, and identification of all witnesses believed to have information or knowledge concerning your claim for damage.

INTERROGATORY NO. 8: Please state whether you seek damages for emotional and mental distress and, if so, please identify each witness to the alleged emotional and distress, and for each, state:

- (a) His/her name, address and telephone number;
- (b) When he/she witnessed the alleged distress; and
- (c) A complete factual statement of the information you believe each witness will testify about concerning your claims of emotion or mental distress.

INTERROGATORY NO. 9: If you seek damages for emotional and mental distress, please identify all documents you have which tend to support or contradict your claim for emotional and mental distress damages.

INTERROGATORY NO. 10: Please state the name and address of each and every hospital, clinic, institution, medical doctor, osteopathic doctor, health care provider, psychologist, psychiatrist, physical therapist, counselor, and clergy member with whom or by which you were treated, examined or counseled within ten (10) years immediately preceding the incident upon which your complaint is based for any physical or emotional injury or other physical or mental condition, and for each, please state:

- (a) name, address and telephone number;
- (b) the date or dates of each such treatment, examination or consultation;
- (c) the reason or reasons for each such treatment, examination or consultation and the nature of the treatment, examination or consultation you received, and
- (d) identify all documents or records concerning such treatment and the individual(s) in possession of said documents.

INTERROGATORY NO. 11: Please state and describe with particularity any and all medical or psychiatric treatment you received as a result of the allegations levied in the complaint, including the physician or healthcare provider who rendered such treatment; the date(s) such treatment was rendered; and the physician or healthcare provider's prognosis concerning your future condition and for each please state:

- (a) name, address, telephone number, and area of specialty;
- (b) the date or dates of each such treatment, examination, or consultation;
- (c) the reason or reasons for each such treatment, examination, or consultation and the nature of the treatment, examination, or consultation received by you; and

- (d) identify all documents or records concerning such treatment and the individual(s) in possession of said documents.

INTERROGATORY NO. 12: Please state and itemize all medical expenses you allegedly incurred, including all hospital, drug, doctor, counseling or any other related medical bills, which you contend were necessitated as a result of the purported actions or inactions of the Municipal Defendants and identify all documents relating to such medical expenses.

INTERROGATORY NO. 13: Please list and identify all drugs or medication prescribed to and/or used by you during the last five (5) years, including the name of the physician who prescribed each type of drug or medication, and the reason therefore, and the name and addresses of all pharmacies where your prescriptions were filled.

INTERROGATORY NO. 14: Please state whether you have ever been arrested for a criminal violation; if so, please state the charge, whether the charge was a misdemeanor or felony; the case number, style, and jurisdiction of any such criminal action against you; and the ultimate disposition of the case (*i.e.*, conviction, charges dropped, pled *nolo contendere*, etc.).

INTERROGATORY NO. 15: Please identify each lawsuit or legal proceeding during the past ten (10) years to which you have been a party, including any EEOC complaints, unemployment proceedings, or bankruptcy proceedings. For each law suit or legal proceeding, including EEOC complaints, unemployment, and bankruptcy proceedings: (a) describe the nature of the proceeding; (b) describe the outcome or resolution of the proceeding; (c) the cause number or other identifying number; (d) court wherein the case was filed; and (e) parties and attorneys involved.

INTERROGATORY NO. 16: Please provide the following information regarding Plaintiff's complete employment history: (a) the name and address of each employer (ending with Plaintiff's current or most recent employer); (b) dates of employment; (c) title or position held and brief

description of job responsibilities; (d) rate of pay (including salary, benefits, bonuses, perquisites, etc.); (e) reason for termination or separation from employment; and (f) name and position of supervisor(s).

INTERROGATORY NO. 17: Please state whether you have applied to any local, state, or federal governmental agency for benefits, including but not limited to, unemployment compensation benefits, health or welfare benefits, disability benefits, and/or social security benefits. If so, please (a) describe the nature of the claim; (b) describe the outcome or resolution of the request for relief; (c) the cause number or other identifying number; (d) agency wherein the case was filed; and (e) parties and attorneys involved.

INTERROGATORY NO. 18: Please identify any and all documents, records, e-mails, correspondence, SIM cards, text messages, and/or other electronic data or information related to the facts and matters alleged in the Complaint.

INTERROGATORY NO. 19: Please identify all social media or other internet sites that you have had a personal email or social media account with, have posted on, or otherwise utilized in any way, including but not limited to Facebook, Instagram, Twitter or MySpace, since January 1, 2017. Your response should (1) identify any email address(es) associated with each such account(s) (2) identify under what name or other identifier you participate on each such social media site(s), (3) identify any postings on each such social media site(s) that relate in any way to the facts and matters alleged within the Complaint (4) and state whether you have deleted any content related to the facts and matters alleged within the Complaint from each such site or email address.

INTERROGATORY NO. 20: Please describe in detail any and all physical or mental injuries you allege you suffer from because of any action by the Municipal Defendants, and for each such condition, please describe:

- (a) the name, address and phone number of the medical doctor or other health care professional who provided such a diagnosis of each alleged physical or mental injury;
- (b) the date(s) of each such diagnosis;
- (c) the specific diagnosis or description or name of each alleged physical or mental injury;
- (d) any treatment, therapy or medication prescribed, recommended or received for each alleged physical or mental injury, and
- (e) any and all documents or things, including but not limited to audiotapes, videotapes, computer storage format, which support or tend to support your claims of physical or mental injury against Municipal Defendants or which involve any of the facts of this case and the identity of the custodian of such records.

INTERROGATORY NO. 21: Please state whether you are enrolled in Medicare, and, if so, identify your Health Insurance Claim Number, date of enrollment, Medicare "Parts" in which you are enrolled (A,B, C and/or D), and why you are eligible for Medicare benefits. If you are not enrolled, please state whether you have ever applied for the same, and, if so, the date of application and for which "Parts" you applied.

INTERROGATORY NO. 22: Please state whether any medical bills, invoices, or charges for which damages are sought in this lawsuit were submitted to or paid for by Medicare, and, if so, identify the medical services performed or items provided, when submitted, and state whether it was paid for by Medicare, including the amount paid.

INTERROGATORY NO. 23: Describe all sources of any income that you have received from January 1, 2017 through the present, specifying the amounts received, dates of receipt, and the sources of such income.

INTERROGATORY NO. 24: Please identify every phone number, including both home and cellular numbers, that you have had from January 1, 2017 to present. Along with the numbers, please identify the corresponding name on each account as well as the name of the carrier or provider.

REQUESTS FOR PRODUCTION OF DOCUMENTS

For purposes of these requests, "documents" shall be construed in its broadest sense, and shall include, but not be limited to, any and all statements, affidavits, letters, correspondence, memoranda, notes, files, tapes, photographs, drafts, or any other instrument of whatever kind in Plaintiff's or his agent's or representative's possession, custody, or control.

REQUEST NO. 1: Please produce any and all documents that you have identified, referenced, or reviewed in responding to Municipal Defendants' First Set of Interrogatories. This includes, but is not limited to, all documents from which facts necessary to answer Municipal Defendants' First Set of Interrogatories were taken or gleaned, in whole or in part, or which contain information relevant to the subject of each said interrogatory.

REQUEST NO. 2: Please produce all documents and/or tangible things that tend to support or contradict the allegations made in the Complaint.

REQUEST NO. 3: Please produce any photographs, video tapes, audio tapes, voice mail messages, computer diskettes, or any other recordings of any type which relate in any way to the claims, possible defenses, or element of damages in this suit.

REQUEST NO. 4: Please produce all diaries, journals, personal or business calendars, personal or business organizers (such as Day Runners or Franklin Planners), or records of any sort that in any manner relate to the allegations made in the Complaint.

REQUEST NO. 5: Please produce all statements identified in response to Interrogatory Numbers 3 and 4.

REQUEST NO. 6: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint or identified in response to Interrogatory Number 5.

REQUEST NO. 7: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint or identified in response to Interrogatory Number 6.

REQUEST NO. 8: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 7.

REQUEST NO. 9: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 8 or 9.

REQUEST NO. 10: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 10.

REQUEST NO. 11: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 11.

REQUEST NO. 12: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 12.

REQUEST NO. 13: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 13.

REQUEST NO. 14: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 14 through 18.

REQUEST NO. 15: Please execute the Authorizations attached to this Request for Production of Documents in regard to Plaintiffs and return same to Municipal Defendants' counsel after the

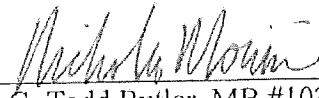
Authorizations have been properly notarized. These Authorizations should be signed by a legally authorized individual and accompanied by any and all documents evidencing such legal authority.

REQUEST NO. 16: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 19 through 24.

REQUEST NO. 17: Please produce any and all e-mails, text messages, documents, or things of any kind that relate in any way to the allegations and/or claims in the Complaint or Counterclaim.

Dated: July 6, 2018.

Respectfully submitted,

BY: 
G. Todd Butler, MB #102907
Nicholas F. Morisani, MB #104970
PHELPS DUNBAR LLP
4270 I-55 North
Jackson, Mississippi 39211-6391
P. O. Box 16114
Jackson, Mississippi 39236-6114
Telephone: (601) 352-2300
Telecopier: (601) 360-9777

*ATTORNEYS FOR
MUNICIPAL DEFENDANTS*

HIPPA AUTHORIZATION
FOR USE AND DISCLOSURE OF INFORMATION
(Excluding psychotherapy notes)

To: _____ Treatment Date: _____
(Healthcare Provider)

Name of Patient: Tyricqwon Burks

Social Security Number: _____

Date of Birth: _____

I understand that the Provider named above will use or disclose the health information in the manner described below until this authorization expires. I understand that I will receive a copy of this signed authorization for my records. I also understand that any health information released pursuant to this authorization might be re-disclosed by the recipient with my permission, and that any re-disclosure may not be protected by law. I authorize the Provider to make the following disclosure of my protected health information, as follows:

1. The purpose of the use or disclosure is for the defense of *Tyricqwon Burks, et al. v. City of Carthage, et al.*; Civil Action No. 3:18cv00185(CWR)(LRA).
2. The recipients of this information are G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, and the recipients are hereby authorized to disclose my records, either documentary, written or by oral testimony, to any of their authorized representatives in connection with their defense of the litigation referenced in paragraph 1 above.
3. The information that will be used or disclosed are certified copies of all records, including x-rays, and any other diagnostic studies, and any results of such studies, relating to any examinations, treatments and/or any other services provided to me by any hospital (both in-patient and out-patient), clinics, physicians, and/or any other health care providers; and to obtain at their expense, photostatic copies of such records as they may desire. This authorization specifically provides my permission to release any such information to which doctor/patient privilege may be claimed, and it shall extend to any services provided for treatment/evaluation of any psychiatric, psychological and/or other mental or emotional condition and/or any treatment/evaluation for alcohol and drug/substance abuse. Notwithstanding the broad scope of the above disclosure request, the undersigned does not authorize the disclosure of "psychotherapy notes" as such term is defined by the Health Insurance Portability and Accountability Act, 45 CFR §164.501.
4. The undersigned individual is hereby notified and acknowledges that any health care provider or health plan disclosing the above-requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

5. A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of the case referenced in paragraph 1 above.

6. I understand that I can revoke this authorization at any time by providing written notice to G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, and/or to the provider listed above. If I revoke this authorization, my revocation will not apply to any disclosure of my protected health information that occurred before my revocation was received.

7. This authorization will remain valid until the later of: (1) the date of settlement or final disposition of *Tyricqwon Burks, et al. v. City of Carthage, et al.*; Civil Action No. 3:18cv00185(CWR)(LRA), or (1) one year after the date of signature of the undersigned below.

8. By my signature below, I acknowledge that I have kept a copy of this authorization.

TYRICQWON BURKS

Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION:
PSYCHOTHERAPY NOTES

To: _____ Treatment Date: _____
(Healthcare Provider)

I, Tyricqwon Burks, hereby authorize you to release to G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, any and all protected health information, including all psychotherapy notes, records, reports or written communications of any kind relating to any hospitalization, examination, treatment, prescriptions, diagnoses, prognoses, diagnostic tests, counseling, and any other medical report or medical information of any type in your possession or control, including all oral data, information and reports, relating in any manner to the undersigned. Permission is further granted to honor a photostatic copy of this authorization. This release does not authorize any oral communications by you to the aforementioned attorneys or law firm.

These disclosures are being made for the purposes of litigation only. This authorization will expire immediately after all of the requested information has been furnished.

I understand that I have the right to revoke this authorization, at any time, by sending written notice of my revocation to the attention of G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236. I understand that my revocation will be prospective and will not apply to uses and disclosures that have already been made in reliance on this authorization.

I understand that my authorizing this disclosure of my protected health information is voluntary. I understand that I need not sign this form in order to receive treatment. I understand that I may inspect or copy information to be used or disclosed as provided for by law. I understand that any disclosure of information carries with it the potential for redisclosure and that the information may no longer be protected by federal confidentiality laws.

I am retaining a copy of this Authorization for my records.

TYRICQWON BURKS

Date: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

**AUTHORIZATION FOR RELEASE OF CRIMINAL
AND/OR ARREST RECORDS**

The undersigned, Tyricqwon Burks, hereby authorizes all state, federal and local law enforcement agencies, including, but not limited to, the Federal Bureau of Investigation, United States Attorneys, the Attorney Generals for all fifty states of the United States of America, all local prosecuting and/or district attorneys, all local and state police departments and the State and U. S. Parole Probation Office to release to the law firm of Phelps Dunbar LLP and/or its attorneys or agents, any and all of Tyricqwon Burks' arrests, probation, parole and/or criminal records in the possession, custody or control of such entity. Tyricqwon Burks' date of birth is _____ and her Social Security Number is _____.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that a copy of this Authorization may be used in lieu of the original.

DATED this the ____ day of _____, 2018.

TYRICQWON BURKS

Date of Birth: _____
Social Security No.: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

PERSONNEL RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:

This will authorize you to release any and all information in your care, custody or control concerning the personnel records of Tyricqwon Burks, to the law firm of Phelps Dunbar LLP, and/or its attorneys or agents to read and copy, or obtain copies of, any and all records and/or documents in said file.

Such records should include, but not be limited to: all applications for employment, test results, dates of service, pay raises, salary, benefits, medical records, days absent/tardy, and reasons therefore, date of termination, reasons therefore, any correspondence and any and all other records, whether written, printed or typed, at any time made.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that a photocopy of this Authorization may be used in lieu of the original.

THIS the ____ day of _____, 2018.

TYRICQWON BURKS

Date of Birth: _____
Social Security No.: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CERTIFICATE OF SERVICE

I, Nicholas F. Morisani, do hereby certify that I have this date mailed through the United States Postal Service, postage prepaid, a true and correct copy of the above and foregoing *FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION PROPOUNDED TO PLAINTIFF BURKS* to the following counsel of record:

James H. Murphy, Esq.
MURPHY LAW FIRM, PLLC
P.O. Box 1338
Carthage MS 39051
Telephone: (601) 267-0200
jmurphy@murphyjustice.com

ATTORNEY FOR PLAINTIFFS

Robert S. Addison Esq.
Steven James Griffin, Esq.
DANIEL COKER HORTON & BELL
4400 Old Canton Road, Suite 400 (39211)
P.O. Box 1084
Jackson MS 39215-1084
(601) 969-7607
raddison@danielcoker.com
sgriffin@danielcoker.com

***ATTORNEYS FOR DEFENDANTS OFFICER ADAM WADE AND
OFFICER CHASE QUIMBY***

THIS, the 6th day of July, 2018.



NICHOLAS F. MORISANI



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

REQUEST FOR COPIES OF TAX RETURNS
Form 70-698

Request may be rejected if the form is incomplete, illegible or any required line was blank. Payment must be made prior to issuing copies. You may contact the Department of Revenue at 601 923-7700 and ask for the Tax Area responsible for the administration of the tax type you are requesting copies from to determine how many pages your request will generate. This will determine the cost. The Account Number is the Social Security Number (SSN) for Individual Income Tax, the Federal Employer's Identification Number (FEIN) for Corporate Income Tax and Withholding Tax, and the Sales and/or Use Tax Account Number for most other tax types. For Individual Income Tax Returns that are filed jointly, both spouses SSNs and names are required before copies can be released.

ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____

Name and address where to send the copies of the requested returns. If you want these copies certified, please check here. ☐

Name: Phelps Dunbar, LLP, ATTN: Sally Barnett
Address: P.O. Box 16114
City, State, Zip: Jackson, MS 39236-6114
Phone Number: (601) 352-2300

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments must be in the form of cash, a cashier's check or money order. We do not accept personal checks for copies. We do not recommend you send cash through the mail. The charge for copies is \$2.50 for the first page and \$.50 for each additional page. We will return this document with the charge on it. Please allow 7 days for processing. Contact this office at 601-923-7700 to determine the cost of the copies. Ask for the Tax Area responsible for the tax type of the return you have requested.

Signature of Taxpayer(s): Under penalties of perjury, I declare that I am either the taxpayer whose name is shown above or a person authorized to obtain the tax return requested. If the request applies to a joint return, either spouse can sign. If signed by a corporate officer, partner, guardian, executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____

Title if officer, partner, trustee or party other than taxpayer: _____

Contact Phone Number: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the _____ day of _____, 20____.

My Commission Expires: _____ Notary Public

NUMBER OF PAGES COPIED: _____ TOTAL COST: \$ _____ DATE PAYMENT RECEIVED: _____

INITIAL AND DATE WHEN RETURNS WERE COPIED AND SENT: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Phelps Dunbar Law Firm, Attn: Sally Barnett, 4270 I-55 North, Jackson MS 39211 (601) 360-9360

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

- a** Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b** Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . ☐
- c** Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7** Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐
- 8** Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

	/	/		/	/		/	/		/	/
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
Sign Here ▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-8 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



CAUTION You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.

Request for Copy of Tax Return

- Do not sign this form unless all applicable lines have been completed.
► Request may be rejected if the form is incomplete or illegible.
► For more information about Form 4506, visit www.irs.gov/form4506.

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Phelps Dunbar Law Firm, Attn: Sally Barnett, 4270 I-55 North, Jackson MS 39211 (601) 360-9360

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►	<input type="checkbox"/>
Note: If the copies must be certified for court or administrative proceedings, check here	
7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.	

8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$ 50.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$
9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here	<input type="checkbox"/>

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign
Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506-T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of nonfiling, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:

Mail to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224.

Do not send the form to this address. Instead, see **Where to file** on this page.

**SIN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION**

**TYRICQWON BURKS, VIRGIL MCQUEEN
and ALLEN HALL**

PLAINTIFFS

VS.

CIVIL ACTION NO.: 3:18-cv-00185-CWR-LRA

**CITY OF CARTHAGE, OFFICER ADAM WADE,
Individual and Official Capacities; OFFICER CHASE QUIMBY,
Individual and Official Capacities; CHIEF KENNY MOORE,
Individual and Official Capacities**

DEFENDANTS

**MUNICIPAL DEFENDANTS' FIRST SET OF INTERROGATORIES
AND REQUESTS FOR PRODUCTION OF DOCUMENTS
PROPOUNDED TO PLAINTIFF ALLEN HALL**

Municipal Defendants the City of Carthage, Mississippi and Chief Kenny Moore, in both his individual and official capacities ("Municipal Defendants"), pursuant to Federal Rules of Civil Procedure 33 and 34, propound the following Interrogatories and Requests for Production of Documents to Plaintiff Allen Hall ("Plaintiff"). These discovery requests shall be deemed continuing pursuant to Rule 26(e) of the Federal Rules of Civil Procedure requiring seasonable supplementation to reflect new information which makes previous answers incorrect or incomplete. Municipal Defendants request that these Interrogatories and Requests for Production of Documents be answered by the Plaintiff Allen Hall separately and in writing under oath within thirty (30) days after service.

In answering this written discovery, you must furnish all information that is known or available to you, regardless of whether such information is processed directly by you or by your agents, unless privileged by your attorneys or by their agents, employees, and investigators. If any of this written discovery cannot be answered in full, you must answer to the extent possible, specifying whatever knowledge or belief you may have concerning the unanswered portion.

INTRODUCTION AND DEFINITIONS

A. Each discovery request seeks all information available to Plaintiff Hall, his attorneys or agents, and all other persons acting on his behalf.

B. As used herein, the terms "Plaintiff," "you," or "your" means Plaintiff, without limitation, Allen Hall, as well as his attorneys, agents, and/or representatives. To avoid confusion in responses, Plaintiff should specify when an answer is made by him and/or his attorney.

C. As used herein, "document" or "record" is used in its broadest sense to mean every writing or recording of every type described in the Federal Rules of Evidence.

D. All information and documents to which Plaintiff claims any privilege or statutory authority as a ground for non-disclosure shall be identified by date, title, type of document (e.g., memorandum, report, chart, etc.) subject matter (without revealing the information as to which privilege or statutory authority is claimed) and the factual and legal basis for the privilege claim or specific statutory authority that provided the claimed ground for non-disclosure.

E. To avoid discovery disputes that may delay the progress of this litigation and/or require additional intervention, counsel for Plaintiff is requested to contact counsel for Municipal Defendants prior to responding to this discovery request so that any questions as to the meaning, scope, or propriety of a request for information or records can be clarified or resolved before responding to the discovery and so that Municipal Defendants' counsel may limit, restrict, or rephrase any interrogatory as to which Plaintiff's counsel has objection so as to obviate the objection.

INTERROGATORIES

INTERROGATORY NO. 1: Please state your full names, nicknames or aliases, current addresses, telephone numbers, Social Security numbers, and dates of birth.

INTERROGATORY NO. 2: Please identify by name, address, and telephone number each person known to you or your attorneys to have discoverable knowledge that would tend to support or refute any claim, defense, or element of damages in this action. With regard to each person identified, please specifically state any and all knowledge they are believed to have regarding this suit and provide a brief summary of the facts and circumstances of which said person is believed to have knowledge. This interrogatory is continuing in nature.

INTERROGATORY NO. 3: Identify any and all persons who are believed to have knowledge of any statements (whether oral, written, on audiotape or videotape, or in any other form) made by any employees, agents or representatives of Municipal Defendants, which supports or tends to support the allegations of the Complaint. For each such person, identify:

- (a) the person's name, address and telephone number;
- (b) the statement or statements allegedly made, whether verbally or in writing or in any other form; and
- (c) the name, address and telephone number of the person or persons having custody of any document, audiotape or videotape containing such statement(s) and describe each such document, audiotape or videotape.

INTERROGATORY NO. 4: Please identify any person with whom Plaintiff has spoken or communicated in any way with regarding the subject matter of this lawsuit, and for each person, identify:

- (a) the person's name, position, address and telephone number;
- (b) the statement or statements allegedly made by Plaintiff, whether verbally or in writing or in any other form;
- (c) the date Plaintiff made any alleged statements; and
- (d) the name, address and telephone number of the person or persons having custody of any document, audiotape or videotape containing such statement(s) and describe each such document, audiotape or videotape.

INTERROGATORY NO. 5: Identify all documents and/or tangible things known by you to exist, and the location and custodian of each document, that tend to support or contradict the allegations made in Plaintiff's Complaint.

INTERROGATORY NO. 6: Describe in detail and with specificity any and all photographs, videotapes, audiotapes or other recordings, by whatever means produced, which you contend may be relevant to the claims in this case, including all photographs, tapes or recordings of any agent, employee, or former agent or employee of Municipal Defendants, in your possession or of which you have knowledge, including in the description of the contents of such, the present location of such, the person(s) portrayed in such, the person(s) responsible for such and the date(s) such were made.

INTERROGATORY NO. 7: Please itemize any and all damages to which you contend you are entitled by virtue of the allegations raised in your Complaint, including documentation of how you arrived at your damages claims, the specific calculations demonstrating why you are entitled to this amount, identification of all documents you contend support your claim for damages, and identification of all witnesses believed to have information or knowledge concerning your claim for damage.

INTERROGATORY NO. 8: Please state whether you seek damages for emotional and mental distress and, if so, please identify each witness to the alleged emotional and distress, and for each, state:

- (a) His/her name, address and telephone number;
- (b) When he/she witnessed the alleged distress; and
- (c) A complete factual statement of the information you believe each witness will testify about concerning your claims of emotion or mental distress.

INTERROGATORY NO. 9: If you seek damages for emotional and mental distress, please identify all documents you have which tend to support or contradict your claim for emotional and mental distress damages.

INTERROGATORY NO. 10: Please state the name and address of each and every hospital, clinic, institution, medical doctor, osteopathic doctor, health care provider, psychologist, psychiatrist, physical therapist, counselor, and clergy member with whom or by which you were treated, examined or counseled within ten (10) years immediately preceding the incident upon which your complaint is based for any physical or emotional injury or other physical or mental condition, and for each, please state:

- (a) name, address and telephone number;
- (b) the date or dates of each such treatment, examination or consultation;
- (c) the reason or reasons for each such treatment, examination or consultation and the nature of the treatment, examination or consultation you received, and
- (d) identify all documents or records concerning such treatment and the individual(s) in possession of said documents.

INTERROGATORY NO. 11: Please state and describe with particularity any and all medical or psychiatric treatment you received as a result of the allegations levied in the complaint, including the physician or healthcare provider who rendered such treatment; the date(s) such treatment was rendered; and the physician or healthcare provider's prognosis concerning your future condition and for each please state:

- (a) name, address, telephone number, and area of specialty;
- (b) the date or dates of each such treatment, examination, or consultation;
- (c) the reason or reasons for each such treatment, examination, or consultation and the nature of the treatment, examination, or consultation received by you; and

- (d) identify all documents or records concerning such treatment and the individual(s) in possession of said documents.

INTERROGATORY NO. 12: Please state and itemize all medical expenses you allegedly incurred, including all hospital, drug, doctor, counseling or any other related medical bills, which you contend were necessitated as a result of the purported actions or inactions of the Municipal Defendants and identify all documents relating to such medical expenses.

INTERROGATORY NO. 13: Please list and identify all drugs or medication prescribed to and/or used by you during the last five (5) years, including the name of the physician who prescribed each type of drug or medication, and the reason therefore, and the name and addresses of all pharmacies where your prescriptions were filled.

INTERROGATORY NO. 14: Please state whether you have ever been arrested for a criminal violation; if so, please state the charge, whether the charge was a misdemeanor or felony; the case number, style, and jurisdiction of any such criminal action against you; and the ultimate disposition of the case (*i.e.*, conviction, charges dropped, pled *nolo contendere*, etc.).

INTERROGATORY NO. 15: Please identify each lawsuit or legal proceeding during the past ten (10) years to which you have been a party, including any EEOC complaints, unemployment proceedings, or bankruptcy proceedings. For each law suit or legal proceeding, including EEOC complaints, unemployment, and bankruptcy proceedings: (a) describe the nature of the proceeding; (b) describe the outcome or resolution of the proceeding; (c) the cause number or other identifying number; (d) court wherein the case was filed; and (e) parties and attorneys involved.

INTERROGATORY NO. 16: Please provide the following information regarding Plaintiff's complete employment history: (a) the name and address of each employer (ending with Plaintiff's current or most recent employer); (b) dates of employment; (c) title or position held and brief

description of job responsibilities; (d) rate of pay (including salary, benefits, bonuses, perquisites, etc.); (e) reason for termination or separation from employment; and (f) name and position of supervisor(s).

INTERROGATORY NO. 17: Please state whether you have applied to any local, state, or federal governmental agency for benefits, including but not limited to, unemployment compensation benefits, health or welfare benefits, disability benefits, and/or social security benefits. If so, please (a) describe the nature of the claim; (b) describe the outcome or resolution of the request for relief; (c) the cause number or other identifying number; (d) agency wherein the case was filed; and (e) parties and attorneys involved.

INTERROGATORY NO. 18: Please identify any and all documents, records, e-mails, correspondence, SIM cards, text messages, and/or other electronic data or information related to the facts and matters alleged in the Complaint.

INTERROGATORY NO. 19: Please identify all social media or other internet sites that you have had a personal email or social media account with, have posted on, or otherwise utilized in any way, including but not limited to Facebook, Instagram, Twitter or MySpace, since January 1, 2017. Your response should (1) identify any email address(es) associated with each such account(s) (2) identify under what name or other identifier you participate on each such social media site(s), (3) identify any postings on each such social media site(s) that relate in any way to the facts and matters alleged within the Complaint (4) and state whether you have deleted any content related to the facts and matters alleged within the Complaint from each such site or email address.

INTERROGATORY NO. 20: Please describe in detail any and all physical or mental injuries you allege you suffer from because of any action by the Municipal Defendants, and for each such condition, please describe:

- (a) the name, address and phone number of the medical doctor or other health care professional who provided such a diagnosis of each alleged physical or mental injury;
- (b) the date(s) of each such diagnosis;
- (c) the specific diagnosis or description or name of each alleged physical or mental injury;
- (d) any treatment, therapy or medication prescribed, recommended or received for each alleged physical or mental injury, and
- (e) any and all documents or things, including but not limited to audiotapes, videotapes, computer storage format, which support or tend to support your claims of physical or mental injury against Municipal Defendants or which involve any of the facts of this case and the identity of the custodian of such records.

INTERROGATORY NO. 21: Please state whether you are enrolled in Medicare, and, if so, identify your Health Insurance Claim Number, date of enrollment, Medicare "Parts" in which you are enrolled (A,B, C and/or D), and why you are eligible for Medicare benefits. If you are not enrolled, please state whether you have ever applied for the same, and, if so, the date of application and for which "Parts" you applied.

INTERROGATORY NO. 22: Please state whether any medical bills, invoices, or charges for which damages are sought in this lawsuit were submitted to or paid for by Medicare, and, if so, identify the medical services performed or items provided, when submitted, and state whether it was paid for by Medicare, including the amount paid.

INTERROGATORY NO. 23: Describe all sources of any income that you have received from January 1, 2017 through the present, specifying the amounts received, dates of receipt, and the sources of such income.

INTERROGATORY NO. 24: Please identify every phone number, including both home and cellular numbers, that you have had from January 1, 2017 to present. Along with the numbers, please identify the corresponding name on each account as well as the name of the carrier or provider.

REQUESTS FOR PRODUCTION OF DOCUMENTS

For purposes of these requests, "documents" shall be construed in its broadest sense, and shall include, but not be limited to, any and all statements, affidavits, letters, correspondence, memoranda, notes, files, tapes, photographs, drafts, or any other instrument of whatever kind in Plaintiff's or his agent's or representative's possession, custody, or control.

REQUEST NO. 1: Please produce any and all documents that you have identified, referenced, or reviewed in responding to Municipal Defendants' First Set of Interrogatories. This includes, but is not limited to, all documents from which facts necessary to answer Municipal Defendants' First Set of Interrogatories were taken or gleaned, in whole or in part, or which contain information relevant to the subject of each said interrogatory.

REQUEST NO. 2: Please produce all documents and/or tangible things that tend to support or contradict the allegations made in the Complaint.

REQUEST NO. 3: Please produce any photographs, video tapes, audio tapes, voice mail messages, computer diskettes, or any other recordings of any type which relate in any way to the claims, possible defenses, or element of damages in this suit.

REQUEST NO. 4: Please produce all diaries, journals, personal or business calendars, personal or business organizers (such as Day Runners or Franklin Planners), or records of any sort that in any manner relate to the allegations made in the Complaint.

REQUEST NO. 5: Please produce all statements identified in response to Interrogatory Numbers 3 and 4.

REQUEST NO. 6: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint or identified in response to Interrogatory Number 5.

REQUEST NO. 7: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint or identified in response to Interrogatory Number 6.

REQUEST NO. 8: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 7.

REQUEST NO. 9: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 8 or 9.

REQUEST NO. 10: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 10.

REQUEST NO. 11: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 11.

REQUEST NO. 12: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 12.

REQUEST NO. 13: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 13.

REQUEST NO. 14: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 14 through 18.

REQUEST NO. 15: Please execute the Authorizations attached to this Request for Production of Documents in regard to Plaintiff and return same to Municipal Defendants' counsel after the

Authorizations have been properly notarized. These Authorizations should be signed by a legally authorized individual and accompanied by any and all documents evidencing such legal authority.

REQUEST NO. 16: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 19 through 24.

REQUEST NO. 17: Please produce any and all e-mails, text messages, documents, or things of any kind that relate in any way to the allegations and/or claims in the Complaint or Counterclaim.

Dated: July 6, 2018.

Respectfully submitted,

BY: 

G. Todd Butler, MB #102907
Nicholas F. Morisani, MB #104970
PHELPS DUNBAR LLP
4270 I-55 North
Jackson, Mississippi 39211-6391
P. O. Box 16114
Jackson, Mississippi 39236-6114
Telephone: (601) 352-2300
Telecopier: (601) 360-9777

***ATTORNEYS FOR
MUNICIPAL DEFENDANTS***

HIPPA AUTHORIZATION
FOR USE AND DISCLOSURE OF INFORMATION
(Excluding psychotherapy notes)

To: _____ Treatment Date: _____
(Healthcare Provider)

Name of Patient: Allen Hall

Social Security Number: _____

Date of Birth: _____

I understand that the Provider named above will use or disclose the health information in the manner described below until this authorization expires. I understand that I will receive a copy of this signed authorization for my records. I also understand that any health information released pursuant to this authorization might be re-disclosed by the recipient with my permission, and that any re-disclosure may not be protected by law. I authorize the Provider to make the following disclosure of my protected health information, as follows:

1. The purpose of the use or disclosure is for the defense of *Tyricqwon Burks, et al. v. City of Carthage, et al.*; Civil Action No. 3:18cv00185(CWR)(LRA).

2. The recipients of this information are G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, and the recipients are hereby authorized to disclose my records, either documentary, written or by oral testimony, to any of their authorized representatives in connection with their defense of the litigation referenced in paragraph 1 above.

3. The information that will be used or disclosed are certified copies of all records, including x-rays, and any other diagnostic studies, and any results of such studies, relating to any examinations, treatments and/or any other services provided to me by any hospital (both in -patient and out-patient), clinics, physicians, and/or any other health care providers; and to obtain at their expense, photostatic copies of such records as they may desire. This authorization specifically provides my permission to release any such information to which doctor/patient privilege may be claimed, and it shall extend to any services provided for treatment/evaluation of any psychiatric, psychological and/or other mental or emotional condition and/or any treatment/evaluation for alcohol and drug/substance abuse. Notwithstanding the broad scope of the above disclosure request, the undersigned does not authorize the disclosure of "psychotherapy notes" as such term is defined by the Health Insurance Portability and Accountability Act, 45 CFR §164.501.

4. The undersigned individual is hereby notified and acknowledges that any health care provider or health plan disclosing the above-requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

5. A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of the case referenced in paragraph 1 above.

6. I understand that I can revoke this authorization at any time by providing written notice to G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, and/or to the provider listed above. If I revoke this authorization, my revocation will not apply to any disclosure of my protected health information that occurred before my revocation was received.

7. This authorization will remain valid until the later of: (1) the date of settlement or final disposition of *Tyricqwon Burks, et al. v. City of Carthage, et al.*; Civil Action No. 3:18cv00185(CWR)(LRA), or (1) one year after the date of signature of the undersigned below.

8. By my signature below, I acknowledge that I have kept a copy of this authorization.

ALLEN HALL

Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION:
PSYCHOTHERAPY NOTES

To: _____ Treatment Date: _____
(Healthcare Provider)

I, Allen Hall, hereby authorize you to release to G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, any and all protected health information, including all psychotherapy notes, records, reports or written communications of any kind relating to any hospitalization, examination, treatment, prescriptions, diagnoses, prognoses, diagnostic tests, counseling, and any other medical report or medical information of any type in your possession or control, including all oral data, information and reports, relating in any manner to the undersigned. Permission is further granted to honor a photostatic copy of this authorization. This release does not authorize any oral communications by you to the aforementioned attorneys or law firm.

These disclosures are being made for the purposes of litigation only. This authorization will expire immediately after all of the requested information has been furnished.

I understand that I have the right to revoke this authorization, at any time, by sending written notice of my revocation to the attention of G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236. I understand that my revocation will be prospective and will not apply to uses and disclosures that have already been made in reliance on this authorization.

I understand that my authorizing this disclosure of my protected health information is voluntary. I understand that I need not sign this form in order to receive treatment. I understand that I may inspect or copy information to be used or disclosed as provided for by law. I understand that any disclosure of information carries with it the potential for redisclosure and that the information may no longer be protected by federal confidentiality laws.

I am retaining a copy of this Authorization for my records.

ALLEN HALL

Date: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

**AUTHORIZATION FOR RELEASE OF CRIMINAL
AND/OR ARREST RECORDS**

The undersigned, Allen Hall, hereby authorizes all state, federal and local law enforcement agencies, including, but not limited to, the Federal Bureau of Investigation, United States Attorneys, the Attorney Generals for all fifty states of the United States of America, all local prosecuting and/or district attorneys, all local and state police departments and the State and U. S. Parole Probation Office to release to the law firm of Phelps Dunbar LLP and/or its attorneys or agents, any and all of Allen Hall's arrests, probation, parole and/or criminal records in the possession, custody or control of such entity. Allen Hall's date of birth is _____ and his Social Security Number is _____.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that a copy of this Authorization may be used in lieu of the original.

DATED this the ____ day of _____, 2018.

ALLEN HALL

Date of Birth: _____
Social Security No.: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

PERSONNEL RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:

This will authorize you to release any and all information in your care, custody or control concerning the personnel records of Allen Hall, to the law firm of Phelps Dunbar LLP, and/or its attorneys or agents to read and copy, or obtain copies of, any and all records and/or documents in said file.

Such records should include, but not be limited to: all applications for employment, test results, dates of service, pay raises, salary, benefits, medical records, days absent/tardy, and reasons therefore, date of termination, reasons therefore, any correspondence and any and all other records, whether written, printed or typed, at any time made.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that a photocopy of this Authorization may be used in lieu of the original.

THIS the ____ day of _____, 2018.

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____,
2018.

ALLEN HALL

Date of Birth: _____
Social Security No.: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CERTIFICATE OF SERVICE

I, Nicholas F. Morisani, do hereby certify that I have this date mailed through the United States Postal Service, postage prepaid, a true and correct copy of the above and foregoing *FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION PROPOUNDED ON PLAINTIFF HALL* to the following counsel of record:

James H. Murphy, Esq.
MURPHY LAW FIRM, PLLC
P.O. Box 1338
Carthage MS 39051
Telephone: (601) 267-0200
jmurphy@murphyjustice.com

ATTORNEY FOR PLAINTIFFS

Robert S. Addison Esq.
Steven James Griffin, Esq.
DANIEL COKER HORTON & BELL
4400 Old Canton Road, Suite 400 (39211)
P.O. Box 1084
Jackson MS 39215-1084
(601) 969-7607
raddison@danielcoker.com
sgriffin@danielcoker.com

***ATTORNEYS FOR DEFENDANTS OFFICER ADAM WADE AND
OFFICER CHASE QUIMBY***

THIS, the 6th day of July, 2018.



NICHOLAS F. MORISANI



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

REQUEST FOR COPIES OF TAX RETURNS
Form 70-698

Request may be rejected if the form is incomplete, illegible or any required line was blank. Payment must be made prior to issuing copies. You may contact the Department of Revenue at 601 923-7700 and ask for the Tax Area responsible for the administration of the tax type you are requesting copies from to determine how many pages your request will generate. This will determine the cost. The Account Number is the Social Security Number (SSN) for Individual Income Tax, the Federal Employer's Identification Number (FEIN) for Corporate Income Tax and Withholding Tax, and the Sales and/or Use Tax Account Number for most other tax types. For Individual Income Tax Returns that are filed jointly, both spouses SSNs and names are required before copies can be released.

ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____

Name and address where to send the copies of the requested returns. If you want these copies certified, please check here. ☐

Name: Phelps Dunbar, LLP, ATTN: Sally Barnett
Address: P.O. Box 16114
City, State, Zip: Jackson, MS 39236-6114
Phone Number: (601) 352-2300

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments must be in the form of cash, a cashier's check or money order. We do not accept personal checks for copies. We do not recommend you send cash through the mail. The charge for copies is \$2.50 for the first page and \$.50 for each additional page. We will return this document with the charge on it. Please allow 7 days for processing. Contact this office at 601-923-7700 to determine the cost of the copies. Ask for the Tax Area responsible for the tax type of the return you have requested.

Signature of Taxpayer(s): Under penalties of perjury, I declare that I am either the taxpayer whose name is shown above or a person authorized to obtain the tax return requested. If the request applies to a joint return, either spouse can sign. If signed by a corporate officer, partner, guardian, executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____

Title if officer, partner, trustee or party other than taxpayer: _____

Contact Phone Number: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the _____ day of _____, 20____.

My Commission Expires: _____ Notary Public

NUMBER OF PAGES COPIED: _____ TOTAL COST: \$ _____ DATE PAYMENT RECEIVED: _____

INITIAL AND DATE WHEN RETURNS WERE COPIED AND SENT: _____

Request for Copy of Tax Return

- Do not sign this form unless all applicable lines have been completed.
► Request may be rejected if the form is incomplete or illegible.
► For more information about Form 4506, visit www.irs.gov/form4506.

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, **Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Phelps Dunbar Law Firm, Attn: Sally Barnett, 4270 I-55 North, Jackson MS 39211 (601) 360-9360

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you must complete another Form 4506.

- 6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►
- Note: If the copies must be certified for court or administrative proceedings, check here ☐
- 7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$ 50.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$
9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here	<input type="checkbox"/>

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign
Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506-T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 Information, 1099 Information, verification of nonfiling, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:	Mail to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6256
Washington, DC 20224.

Do not send the form to this address. Instead, see **Where to file** on this page.

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Phelps Dunbar Law Firm, Attn: Sally Barnett, 4270 I-55 North, Jackson MS 39211 (601) 360-9360

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

- a** Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b** Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
- c** Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7** Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8** Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than Individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

**SIN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION**

**TYRICQWON BURKS, VIRGIL MCQUEEN
and ALLEN HALL**

PLAINTIFFS

VS.

CIVIL ACTION NO.: 3:18-cv-00185-CWR-LRA

**CITY OF CARTHAGE, OFFICER ADAM WADE,
Individual and Official Capacities; OFFICER CHASE QUIMBY,
Individual and Official Capacities; CHIEF KENNY MOORE,
Individual and Official Capacities**

DEFENDANTS

**MUNICIPAL DEFENDANTS' FIRST SET OF INTERROGATORIES
AND REQUESTS FOR PRODUCTION OF DOCUMENTS
PROPOUNDED TO PLAINTIFF VIRGIL MCQUEEN**

Municipal Defendants the City of Carthage, Mississippi and Chief Kenny Moore, in both his individual and official capacities ("Municipal Defendants"), pursuant to Federal Rules of Civil Procedure 33 and 34, propound the following Interrogatories and Requests for Production of Documents to Plaintiff Virgil McQueen ("Plaintiff"). These discovery requests shall be deemed continuing pursuant to Rule 26(e) of the Federal Rules of Civil Procedure requiring reasonable supplementation to reflect new information which makes previous answers incorrect or incomplete. Municipal Defendants request that these Interrogatories and Requests for Production of Documents be answered by Plaintiff Virgil McQueen separately and in writing under oath within thirty (30) days after service.

In answering this written discovery, you must furnish all information that is known or available to you, regardless of whether such information is processed directly by you or by your agents, unless privileged by your attorneys or by their agents, employees, and investigators. If any of this written discovery cannot be answered in full, you must answer to the extent possible, specifying whatever knowledge or belief you may have concerning the unanswered portion.

INTRODUCTION AND DEFINITIONS

A. Each discovery request seeks all information available to Plaintiff McQueen, his attorneys or agents, and all other persons acting on his behalf.

B. As used herein, the terms "Plaintiff," "you," or "your" means, without limitation, Virgil McQueen, as well as his attorneys, agents, and/or representatives. To avoid confusion in responses, Plaintiff McQueen should specify when an answer is made by him and/or his attorney.

C. As used herein, "document" or "record" is used in its broadest sense to mean every writing or recording of every type described in the Federal Rules of Evidence.

D. All information and documents to which Plaintiff claims any privilege or statutory authority as a ground for non-disclosure shall be identified by date, title, type of document (e.g., memorandum, report, chart, etc.) subject matter (without revealing the information as to which privilege or statutory authority is claimed) and the factual and legal basis for the privilege claim or specific statutory authority that provided the claimed ground for non-disclosure.

E. To avoid discovery disputes that may delay the progress of this litigation and/or require additional intervention, counsel for Plaintiff is requested to contact counsel for Municipal Defendants prior to responding to this discovery request so that any questions as to the meaning, scope, or propriety of a request for information or records can be clarified or resolved before responding to the discovery and so that Municipal Defendants' counsel may limit, restrict, or rephrase any interrogatory as to which Plaintiff's counsel has objection so as to obviate the objection.

INTERROGATORIES

INTERROGATORY NO. 1: Please state your full names, nicknames or aliases, current addresses, telephone numbers, Social Security numbers, and dates of birth.

INTERROGATORY NO. 2: Please identify by name, address, and telephone number each person known to you or your attorneys to have discoverable knowledge that would tend to support or refute any claim, defense, or element of damages in this action. With regard to each person identified, please specifically state any and all knowledge they are believed to have regarding this suit and provide a brief summary of the facts and circumstances of which said person is believed to have knowledge. This interrogatory is continuing in nature.

INTERROGATORY NO. 3: Identify any and all persons who are believed to have knowledge of any statements (whether oral, written, on audiotape or videotape, or in any other form) made by any employees, agents or representatives of Municipal Defendants, which supports or tends to support the allegations of the Complaint. For each such person, identify:

- (a) the person's name, address and telephone number;
- (b) the statement or statements allegedly made, whether verbally or in writing or in any other form; and
- (c) the name, address and telephone number of the person or persons having custody of any document, audiotape or videotape containing such statement(s) and describe each such document, audiotape or videotape.

INTERROGATORY NO. 4: Please identify any person with whom Plaintiff has spoken or communicated in any way with regarding the subject matter of this lawsuit, and for each person, identify:

- (a) the person's name, position, address and telephone number;
- (b) the statement or statements allegedly made by Plaintiff, whether verbally or in writing or in any other form;
- (c) the date Plaintiff made any alleged statements; and
- (d) the name, address and telephone number of the person or persons having custody of any document, audiotape or videotape containing such statement(s) and describe each such document, audiotape or videotape.

INTERROGATORY NO. 5: Identify all documents and/or tangible things known by you to exist, and the location and custodian of each document, that tend to support or contradict the allegations made in Plaintiff's Complaint.

INTERROGATORY NO. 6: Describe in detail and with specificity any and all photographs, videotapes, audiotapes or other recordings, by whatever means produced, which you contend may be relevant to the claims in this case, including all photographs, tapes or recordings of any agent, employee, or former agent or employee of Municipal Defendants, in your possession or of which you have knowledge, including in the description of the contents of such, the present location of such, the person(s) portrayed in such, the person(s) responsible for such and the date(s) such were made.

INTERROGATORY NO. 7: Please itemize any and all damages to which you contend you are entitled by virtue of the allegations raised in your Complaint, including documentation of how you arrived at your damages claims, the specific calculations demonstrating why you are entitled to this amount, identification of all documents you contend support your claim for damages, and identification of all witnesses believed to have information or knowledge concerning your claim for damage.

INTERROGATORY NO. 8: Please state whether you seek damages for emotional and mental distress and, if so, please identify each witness to the alleged emotional and distress, and for each, state:

- (a) His/her name, address and telephone number;
- (b) When he/she witnessed the alleged distress; and
- (c) A complete factual statement of the information you believe each witness will testify about concerning your claims of emotion or mental distress.

INTERROGATORY NO. 9: If you seek damages for emotional and mental distress, please identify all documents you have which tend to support or contradict your claim for emotional and mental distress damages.

INTERROGATORY NO. 10: Please state the name and address of each and every hospital, clinic, institution, medical doctor, osteopathic doctor, health care provider, psychologist, psychiatrist, physical therapist, counselor, and clergy member with whom or by which you were treated, examined or counseled within ten (10) years immediately preceding the incident upon which your complaint is based for any physical or emotional injury or other physical or mental condition, and for each, please state:

- (a) name, address and telephone number;
- (b) the date or dates of each such treatment, examination or consultation;
- (c) the reason or reasons for each such treatment, examination or consultation and the nature of the treatment, examination or consultation you received, and
- (d) identify all documents or records concerning such treatment and the individual(s) in possession of said documents.

INTERROGATORY NO. 11: Please state and describe with particularity any and all medical or psychiatric treatment you received as a result of the allegations levied in the complaint, including the physician or healthcare provider who rendered such treatment; the date(s) such treatment was rendered; and the physician or healthcare provider's prognosis concerning your future condition and for each please state:

- (a) name, address, telephone number, and area of specialty;
- (b) the date or dates of each such treatment, examination, or consultation;
- (c) the reason or reasons for each such treatment, examination, or consultation and the nature of the treatment, examination, or consultation received by you; and

- (d) identify all documents or records concerning such treatment and the individual(s) in possession of said documents.

INTERROGATORY NO. 12: Please state and itemize all medical expenses you allegedly incurred, including all hospital, drug, doctor, counseling or any other related medical bills, which you contend were necessitated as a result of the purported actions or inactions of the Municipal Defendants and identify all documents relating to such medical expenses.

INTERROGATORY NO. 13: Please list and identify all drugs or medication prescribed to and/or used by you during the last five (5) years, including the name of the physician who prescribed each type of drug or medication, and the reason therefore, and the name and addresses of all pharmacies where your prescriptions were filled.

INTERROGATORY NO. 14: Please state whether you have ever been arrested for a criminal violation; if so, please state the charge, whether the charge was a misdemeanor or felony; the case number, style, and jurisdiction of any such criminal action against you; and the ultimate disposition of the case (*i.e.*, conviction, charges dropped, pled *nolo contendere*, etc.).

INTERROGATORY NO. 15: Please identify each lawsuit or legal proceeding during the past ten (10) years to which you have been a party, including any EEOC complaints, unemployment proceedings, or bankruptcy proceedings. For each law suit or legal proceeding, including EEOC complaints, unemployment, and bankruptcy proceedings: (a) describe the nature of the proceeding; (b) describe the outcome or resolution of the proceeding; (c) the cause number or other identifying number; (d) court wherein the case was filed; and (e) parties and attorneys involved.

INTERROGATORY NO. 16: Please provide the following information regarding Plaintiff's complete employment history: (a) the name and address of each employer (ending with Plaintiff's current or most recent employer); (b) dates of employment; (c) title or position held and brief

description of job responsibilities; (d) rate of pay (including salary, benefits, bonuses, perquisites, etc.); (e) reason for termination or separation from employment; and (f) name and position of supervisor(s).

INTERROGATORY NO. 17: Please state whether you have applied to any local, state, or federal governmental agency for benefits, including but not limited to, unemployment compensation benefits, health or welfare benefits, disability benefits, and/or social security benefits. If so, please (a) describe the nature of the claim; (b) describe the outcome or resolution of the request for relief; (c) the cause number or other identifying number; (d) agency wherein the case was filed; and (e) parties and attorneys involved.

INTERROGATORY NO. 18: Please identify any and all documents, records, e-mails, correspondence, SIM cards, text messages, and/or other electronic data or information related to the facts and matters alleged in the Complaint.

INTERROGATORY NO. 19: Please identify all social media or other internet sites that you have had a personal email or social media account with, have posted on, or otherwise utilized in any way, including but not limited to Facebook, Instagram, Twitter or MySpace, since January 1, 2017. Your response should (1) identify any email address(es) associated with each such account(s) (2) identify under what name or other identifier you participate on each such social media site(s), (3) identify any postings on each such social media site(s) that relate in any way to the facts and matters alleged within the Complaint (4) and state whether you have deleted any content related to the facts and matters alleged within the Complaint from each such site or email address.

INTERROGATORY NO. 20: Please describe in detail any and all physical or mental injuries you allege you suffer from because of any action by the Municipal Defendants, and for each such condition, please describe:

- (a) the name, address and phone number of the medical doctor or other health care professional who provided such a diagnosis of each alleged physical or mental injury;
- (b) the date(s) of each such diagnosis;
- (c) the specific diagnosis or description or name of each alleged physical or mental injury;
- (d) any treatment, therapy or medication prescribed, recommended or received for each alleged physical or mental injury, and
- (e) any and all documents or things, including but not limited to audiotapes, videotapes, computer storage format, which support or tend to support your claims of physical or mental injury against Municipal Defendants or which involve any of the facts of this case and the identity of the custodian of such records.

INTERROGATORY NO. 21: Please state whether you are enrolled in Medicare, and, if so, identify your Health Insurance Claim Number, date of enrollment, Medicare "Parts" in which you are enrolled (A,B, C and/or D), and why you are eligible for Medicare benefits. If you are not enrolled, please state whether you have ever applied for the same, and, if so, the date of application and for which "Parts" you applied.

INTERROGATORY NO. 22: Please state whether any medical bills, invoices, or charges for which damages are sought in this lawsuit were submitted to or paid for by Medicare, and, if so, identify the medical services performed or items provided, when submitted, and state whether it was paid for by Medicare, including the amount paid.

INTERROGATORY NO. 23: Describe all sources of any income that you have received from January 1, 2017 through the present, specifying the amounts received, dates of receipt, and the sources of such income.

INTERROGATORY NO. 24: Please identify every phone number, including both home and cellular numbers, that you have had from January 1, 2017 to present. Along with the numbers, please identify the corresponding name on each account as well as the name of the carrier or provider.

REQUESTS FOR PRODUCTION OF DOCUMENTS

For purposes of these requests, "documents" shall be construed in its broadest sense, and shall include, but not be limited to, any and all statements, affidavits, letters, correspondence, memoranda, notes, files, tapes, photographs, drafts, or any other instrument of whatever kind in Plaintiff's or his agent's or representative's possession, custody, or control.

REQUEST NO. 1: Please produce any and all documents that you have identified, referenced, or reviewed in responding to Municipal Defendants' First Set of Interrogatories. This includes, but is not limited to, all documents from which facts necessary to answer Municipal Defendants' First Set of Interrogatories were taken or gleaned, in whole or in part, or which contain information relevant to the subject of each said interrogatory.

REQUEST NO. 2: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint.

REQUEST NO. 3: Please produce any photographs, video tapes, audio tapes, voice mail messages, computer diskettes, or any other recordings of any type which relate in any way to the claims, possible defenses, or element of damages in this suit.

REQUEST NO. 4: Please produce all diaries, journals, personal or business calendars, personal or business organizers (such as Day Runners or Franklin Planners), or records of any sort that in any manner relate to the allegations made in the Complaint.

REQUEST NO. 5: Please produce all statements identified in response to Interrogatory Numbers 3 and 4.

REQUEST NO. 6: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint or identified in response to Interrogatory Number 5.

REQUEST NO. 7: Please produce all documents and/or tangible things that that tend to support or contradict the allegations made in the Complaint or identified in response to Interrogatory Number 6.

REQUEST NO. 8: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 7.

REQUEST NO. 9: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 8 or 9.

REQUEST NO. 10: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 10.

REQUEST NO. 11: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 11.

REQUEST NO. 12: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 12.

REQUEST NO. 13: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 13.

REQUEST NO. 14: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 14 through 18.

REQUEST NO. 15: Please execute the Authorizations attached to this Request for Production of Documents in regard to Plaintiff and return same to Municipal Defendants' counsel after the

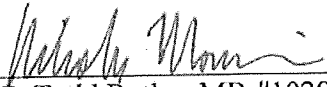
Authorizations have been properly notarized. These Authorizations should be signed by a legally authorized individual and accompanied by any and all documents evidencing such legal authority.

REQUEST NO. 16: Please produce any and all documents and/or tangible things identified in response to Interrogatory Number 19 through 24.

REQUEST NO. 17: Please produce any and all e-mails, text messages, documents, or things of any kind that relate in any way to the allegations and/or claims in the Complaint or Counterclaim.

Dated: July 6, 2018.

Respectfully submitted,

BY: 
G. Todd Butler, MB #102907
Nicholas F. Morisani, MB #104970
PHELPS DUNBAR LLP
4270 I-55 North
Jackson, Mississippi 39211-6391
P. O. Box 16114
Jackson, Mississippi 39236-6114
Telephone: (601) 352-2300
Telecopier: (601) 360-9777

***ATTORNEYS FOR
MUNICIPAL DEFENDANTS***

HIPPA AUTHORIZATION
FOR USE AND DISCLOSURE OF INFORMATION
(Excluding psychotherapy notes)

To: _____ Treatment Date: _____
(Healthcare Provider)

Name of Patient: Virgil McQueen

Social Security Number: _____

Date of Birth: _____

I understand that the Provider named above will use or disclose the health information in the manner described below until this authorization expires. I understand that I will receive a copy of this signed authorization for my records. I also understand that any health information released pursuant to this authorization might be re-disclosed by the recipient with my permission, and that any re-disclosure may not be protected by law. I authorize the Provider to make the following disclosure of my protected health information, as follows:

1. The purpose of the use or disclosure is for the defense of *Tyricqwon Burks, et al. v. City of Carthage, et al.*; Civil Action No. 3:18cv00185(CWR)(LRA).

2. The recipients of this information are G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, and the recipients are hereby authorized to disclose my records, either documentary, written or by oral testimony, to any of their authorized representatives in connection with their defense of the litigation referenced in paragraph 1 above.

3. The information that will be used or disclosed are certified copies of all records, including x-rays, and any other diagnostic studies, and any results of such studies, relating to any examinations, treatments and/or any other services provided to me by any hospital (both in-patient and out-patient), clinics, physicians, and/or any other health care providers; and to obtain at their expense, photostatic copies of such records as they may desire. This authorization specifically provides my permission to release any such information to which doctor/patient privilege may be claimed, and it shall extend to any services provided for treatment/evaluation of any psychiatric, psychological and/or other mental or emotional condition and/or any treatment/evaluation for alcohol and drug/substance abuse. Notwithstanding the broad scope of the above disclosure request, the undersigned does not authorize the disclosure of "psychotherapy notes" as such term is defined by the Health Insurance Portability and Accountability Act, 45 CFR §164.501.

4. The undersigned individual is hereby notified and acknowledges that any health care provider or health plan disclosing the above-requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.

5. A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of the case referenced in paragraph 1 above.

6. I understand that I can revoke this authorization at any time by providing written notice to G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, and/or to the provider listed above. If I revoke this authorization, my revocation will not apply to any disclosure of my protected health information that occurred before my revocation was received.

7. This authorization will remain valid until the later of: (1) the date of settlement or final disposition of *Tyricqwon Burks, et al. v. City of Carthage, et al.*; Civil Action No. 3:18cv00185(CWR)(LRA), or (1) one year after the date of signature of the undersigned below.

8. By my signature below, I acknowledge that I have kept a copy of this authorization.

VIRGIL MCQUEEN

Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION:
PSYCHOTHERAPY NOTES

To: _____
(Healthcare Provider)

Treatment Date: _____

I, Virgil McQueen, hereby authorize you to release to G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236, any and all protected health information, including all psychotherapy notes, records, reports or written communications of any kind relating to any hospitalization, examination, treatment, prescriptions, diagnoses, prognoses, diagnostic tests, counseling, and any other medical report or medical information of any type in your possession or control, including all oral data, information and reports, relating in any manner to the undersigned. Permission is further granted to honor a photostatic copy of this authorization. This release does not authorize any oral communications by you to the aforementioned attorneys or law firm.

These disclosures are being made for the purposes of litigation only. This authorization will expire immediately after all of the requested information has been furnished.

I understand that I have the right to revoke this authorization, at any time, by sending written notice of my revocation to the attention of G. Todd Butler and Nicholas Morisani, c/o Phelps Dunbar LLP, Post Office Box 16114, Jackson, MS 39236. I understand that my revocation will be prospective and will not apply to uses and disclosures that have already been made in reliance on this authorization.

I understand that my authorizing this disclosure of my protected health information is voluntary. I understand that I need not sign this form in order to receive treatment. I understand that I may inspect or copy information to be used or disclosed as provided for by law. I understand that any disclosure of information carries with it the potential for redisclosure and that the information may no longer be protected by federal confidentiality laws.

I am retaining a copy of this Authorization for my records.

VIRGIL MCQUEEN

Date: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

**AUTHORIZATION FOR RELEASE OF CRIMINAL
AND/OR ARREST RECORDS**

The undersigned, Virgil McQueen, hereby authorizes all state, federal and local law enforcement agencies, including, but not limited to, the Federal Bureau of Investigation, United States Attorneys, the Attorney Generals for all fifty states of the United States of America, all local prosecuting and/or district attorneys, all local and state police departments and the State and U. S. Parole Probation Office to release to the law firm of Phelps Dunbar LLP and/or its attorneys or agents, any and all of Virgil McQueen's arrests, probation, parole and/or criminal records in the possession, custody or control of such entity. Virgil McQueen's date of birth is _____ and his Social Security Number is _____.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that a copy of this Authorization may be used in lieu of the original.

DATED this the ____ day of _____, 2018.

VIRGIL MCQUEEN

Date of Birth: _____
Social Security No.: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

PERSONNEL RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:

This will authorize you to release any and all information in your care, custody or control concerning the personnel records of Virgil McQueen, to the law firm of Phelps Dunbar LLP, and/or its attorneys or agents to read and copy, or obtain copies of, any and all records and/or documents in said file.

Such records should include, but not be limited to: all applications for employment, test results, dates of service, pay raises, salary, benefits, medical records, days absent/tardy, and reasons therefore, date of termination, reasons therefore, any correspondence and any and all other records, whether written, printed or typed, at any time made.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that a photocopy of this Authorization may be used in lieu of the original.

THIS the ____ day of _____, 2018.

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____,
2018.

VIRGIL MCQUEEN

Date of Birth: _____
Social Security No.: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

CERTIFICATE OF SERVICE

I, Nicholas F. Morisani, do hereby certify that I have this date mailed through the United States Postal Service, postage prepaid, a true and correct copy of the above and foregoing *FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION PROPOUNDED TO PLAINTIFF MCQUEEN* to the following counsel of record:

James H. Murphy, Esq.
MURPHY LAW FIRM, PLLC
P.O. Box 1338
Carthage MS 39051
Telephone: (601) 267-0200
jmurphy@murphyjustice.com

ATTORNEY FOR PLAINTIFFS

Robert S. Addison Esq.
Steven James Griffin, Esq.
DANIEL COKER HORTON & BELL
4400 Old Canton Road, Suite 400 (39211)
P.O. Box 1084
Jackson MS 39215-1084
(601) 969-7607
raddison@danielcoker.com
sgriffin@danielcoker.com

***ATTORNEYS FOR DEFENDANTS OFFICER ADAM WADE AND
OFFICER CHASE QUIMBY***

THIS, the 6th day of July, 2018.



NICHOLAS F. MORISANI



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

REQUEST FOR COPIES OF TAX RETURNS

Form 70-698

Request may be rejected if the form is incomplete, illegible or any required line was blank. Payment must be made prior to issuing copies. You may contact the Department of Revenue at 601 923-7700 and ask for the Tax Area responsible for the administration of the tax type you are requesting copies from to determine how many pages your request will generate. This will determine the cost. The Account Number is the Social Security Number (SSN) for Individual Income Tax, the Federal Employer's Identification Number (FEIN) for Corporate Income Tax and Withholding Tax, and the Sales and/or Use Tax Account Number for most other tax-types. For Individual Income Tax Returns that are filed jointly, both spouses SSNs and names are required before copies can be released.

ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____
ACCOUNT NUMBER: _____ TAX TYPE: _____ TAX PERIOD: _____

Name and address where to send the copies of the requested returns. If you want these copies certified, please check here. ☐

Name: _____ Phelps Dunbar, LLP, ATTN: Sally Barnett _____
Address: _____ P.O. Box 16114 _____
City, State, Zip: _____ Jackson, MS 39236-6114 _____
Phone Number: _____ (601) 352-2300 _____

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments must be in the form of cash, a cashier's check or money order. We do not accept personal checks for copies. We do not recommend you send cash through the mail. The charge for copies is \$2.50 for the first page and \$.50 for each additional page. We will return this document with the charge on it. Please allow 7 days for processing. Contact this office at 601-923-7700 to determine the cost of the copies. Ask for the Tax Area responsible for the tax type of the return you have requested.

Signature of Taxpayer(s): Under penalties of perjury, I declare that I am either the taxpayer whose name is shown above or a person authorized to obtain the tax return requested. If the request applies to a joint return, either spouse can sign. If signed by a corporate officer, partner, guardian, executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: _____ **Date:** _____

Spouse Signature: _____

Title if officer, partner, trustee or party other than taxpayer: _____

Contact Phone Number: _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the _____ day of _____, 20____.

My Commission Expires: _____ Notary Public

NUMBER OF PAGES COPIED: _____ TOTAL COST: \$ _____ DATE PAYMENT RECEIVED: _____

INITIAL AND DATE WHEN RETURNS WERE COPIED AND SENT: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Phelps Dunbar Law Firm, Attn: Sally Barnett, 4270 I-55 North, Jackson MS 39211 (601) 360-9360

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6	Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
a	Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input type="checkbox"/>
b	Account Transcript , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days <input type="checkbox"/>
c	Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days <input type="checkbox"/>
7	Verification of Nonfiling , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days <input type="checkbox"/>
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days <input type="checkbox"/>

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9	Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
	/ / / / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
Sign Here ▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.

Request for Copy of Tax Return

OMB No. 1545-0429

- Do not sign this form unless all applicable lines have been completed.
► Request may be rejected if the form is incomplete or illegible.
► For more information about Form 4506, visit www.irs.gov/form4506.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Phelps Dunbar Law Firm, Attn: Sally Barnett, 4270 I-55 North, Jackson MS 39211 (601) 360-9360

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►	
Note: If the copies must be certified for court or administrative proceedings, check here <input type="checkbox"/>	
7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506. _____ _____	
8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	\$ 50.00
a Cost for each return	
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$
9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/>	

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign
Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506-T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of nonfiling, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVS Team
Stop 37106
Fresno, CA 93888

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:

Mail to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
P.O. Box 145500
Stop 2800 F
Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of Kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224.

Do not send the form to this address. Instead, see **Where to file** on this page.